U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

01/17/2006 NKAYPAGH 00000151 10564282

01 FC:1631			300.00 0	þ
-02 FC-1632		•	-500.00 0 0	١.
03 FC:1633	•		200.00 0	
04 FC±1617			130.00 0	

Adjustment date: 05/03/2006 WALVARAD 01/17/2006 MXAYPAGH 00000151 10564282 02 FC:1632 -500

05/03/2006 WALVARAD 00000001 10564282

01 FC:1642

Refund Ref: 05/03/2006

PTO-1556

Credit Gynd Revund Total:

A□ Exp.:: XXXXXXXXXXXX1000

Best Available Copy

US APPLICATION NO CHARGE SEE 33	ATTORNEY'S DOCKET MANSER P70977US0 03 MA									
10/564282 WITERDIATIONAL APPLICATION NO. 11/2/01/2019										
17. The following		CALCULATIONS	PTOL	JSE ONLY						
a) Basic national fee	***********		. \$300.00		İ					
		•				,				
c) Search fee		••••••	\$500.00							
TOTAL C	OF ABOVE O	CALCULATIONS =	\$1000.00	\$1000.00						
I sequence listing or cor	nouter progra	rawings filed in paper over 100 sheets m listing filed in an electronic medium) of paper or fraction thereof.	(excluding). The fee is							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction Thereof (round up to a whole number)	Rate							
100 = 	***/50 =	****	x 250.00	\$						
Surcharge of \$130.0	00 for furnishir hs from the ea	\$ 130.00								
Claims	Number	Number Extra	Rate							
	Filed									
Total Claims	11 - 20 =	-Ò-	x \$50.00	\$						
Independent Claims	2-3=	-0-	x \$200.00	\$						
Multiple Dependent	Claim(s) (if ap	plicable)	+\$360.00	.\$		-				
. •		TOTAL OF ABOVE CALCU	LOSTUONSt=la	t s: 1030000 2006 . WA	VARAD					
Reduction by 1/2 for Entity statement must	filing by smal st also be filed	Il entity, if applicable. Verified Small I. (Note 37 CFR 1.9, 1.27, 1.28).	01/17/2006 AF 02 FC:1632	AYPASII 00000151 10 \$	-500.0	90 OP				
•		SU	BTOTAL =	\$ 1130.00						
Processing fee of \$1	\$,								
•	\$ 1130.00									
- Fee of \$40.00 for red Assignment must be	\$									
	\$ 1130.00									
a. A Credit Card Payment Form authorizing the amount of \$ to cover the above fees is enclosed. b. Please charge my Deposit Account No. 06-1358 in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed. c. The Commissioner is hereby authorized to charge my account any additional fees set forth in \$1.492 during the pendency of this application, or credit any overpayment to Deposit Account No. 06-1358. A duplicate copy of this sheet is enclosed. SEND ALL CORRESPONDENCE TO: JACOBSON HOLMAN PLLC By										
400 7tl Wa 2	h Street, N ashington, 102-638-66	.W., Suite 600 DC 20004	Allen	S. Melser No. 27,215	<u> </u>	DMIG 4374				